COVER SHEET

for

AUDITED FINANCIAL STATEMENTS

SEC Registration Number

COMPANY NAME

PRINCIPAL OFFICE *(No. / Street / Barangay / City / Town / Province)*

Form Type | Department requiring the report | Secondary License Type, If Applicable

COMPANY INFORMATION

Company's email Address | Company's Telephone Number | Mobile Number

No. of Stockholders | Annual Meeting (Month / Day) | Fiscal Year (Month / Day)

CONTACT PERSON INFORMATION

The designated contact person ***MUST*** be an Officer of the Corporation

Name of Contact Person | Email Address | Telephone Number/s | Mobile Number

CONTACT PERSON's ADDRESS

NOTE 1 : *In case of death, resignation or cessation of office of the officer designated as contact person, such incident shall be reported to the Commission within thirthy (30) calendar days from the occurance thereof with information and complete contact details of the new contact person designated.*

2 : *All Boxes must be properly and completely filled-up. Failure to do so shall cause the delay in updating the corporation's records with the Commission and/or non-receipt of Notice of Deficiencies. Further, non-receipt of Notice of Deficiencies shall not excuse the corporation from liability for its deficiencies.*